

SUBJECT: **PATIENT DESTINATION**

PURPOSE: To ensure that 9-1-1 patients are transported to the most appropriate facility that is staffed, equipped, and prepared to administer emergency and/or definitive care appropriate to the needs of the patient.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220
California Administrative Code, Title 13, Section 1105 (c)

PRINCIPLES:

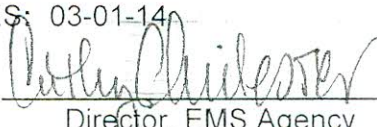
1. In the absence of decisive factors to the contrary, 9-1-1 patients shall be transported to the most accessible 9-1-1 receiving facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient.
2. The most accessible receiving (MAR) facility may or may not be the closest facility geographically. Transport personnel shall take into consideration traffic, weather conditions, or other factors that may influence transport time in identifying the most accessible facility.
3. The most appropriate receiving facility for a patient may be the health facility which is affiliated with their health plan. Depending upon the patient's chief complaint and medical history, it may be in the patient's best interest to be transported to their 'medical home,' as defined by their health plan, personal physician, and/or medical records.
4. ALS units utilizing Standing Field Treatment Protocols (SFTPs) shall transport patients in accordance with this policy.
5. Patients shall not be transported to a medical facility that is on diversion due to internal disaster.
6. Notwithstanding any other provision of this reference, and in accordance with Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients, final authority for patient destination rests with the base hospital handling the call. Base hospitals shall honor diversion requests based on patient condition and available system resources. 9-1-1 patients shall ordinarily be transported to general acute care hospitals with a basic emergency department permit. Transport to other medical facilities (hospitals with a stand-by permit, clinics and other medical facilities approved by the EMS Agency) shall be performed only in accordance with this policy.

EFFECTIVE: 07-20-84

REVISED: 10-01-15

SUPERSEDES: 03-01-14

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

POLICY:

I. Transport of Patients by EMT Personnel

- A. EMT personnel shall transport 9-1-1 patients deemed stable and requiring only basic life support (BLS) to the MAR regardless of its diversion status (exception: internal disaster).
- B. EMT personnel may honor patient requests to be transported to other than the MAR provided that the patient is deemed stable, requires basic life support measures only, and the ambulance is not unreasonably removed from its primary area of response. In order to facilitate this, EMT personnel may transfer care of a patient to another EMT team if necessary.
- C. In life-threatening situations (e.g., unmanageable airway or uncontrollable hemorrhage) in which the estimated time of arrival (ETA) of the paramedics exceeds the ETA to the MAR, EMTs should exercise their clinical judgment as to whether it is in the patient's best interest to be transported prior to the arrival of paramedics.
- D. EMT personnel may immediately transport hypotensive trauma patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the MAR, when the transport time is less than the estimated time of paramedic arrival. The transporting unit should make every effort to contact the receiving trauma center.

II. Transport of Patients by Paramedic Personnel

- A. Patients should be transported to the MAR unless:
 - 1. The base hospital determines that another facility is more appropriate to meet the needs of the patient; or
 - 2. The patient meets criteria or guidelines for transport to a specialty care center (i.e., Trauma Center, Pediatric Trauma Center, ST-Elevation Myocardial Infarction Receiving Center, Emergency Department Approved for Pediatrics, Pediatric Medical Center, Perinatal Center, Sexual Assault Response Team Center, or Approved Stroke Center)
 - 3. The patient requests a specific hospital; and
 - a. The patient's condition is considered sufficiently stable to tolerate additional transport time; and
 - b. The requested hospital does not have a defined service area (see Section V of this policy); and
 - c. The requested hospital can provide services appropriate to the patient's chief complaint; and
 - d. The EMS provider has determined that such a transport would not

unreasonably remove the unit from its primary area of response. If the provider is unable to honor the request, and the patient therefore refuses to be transported, the provider should attempt to arrange for alternate transportation (i.e., private ambulance), in order to assist patient with receiving necessary treatment.

4. The MAR has requested diversion of 9-1-1 patients requiring advanced life support (ALS) as specified in Ref. No. 503. ALS patients may be directed to an alternate open facility provided:
 - a. The patient does not exhibit an unmanageable airway or uncontrolled hemorrhage.
 - b. The involved ALS unit estimates that it can reach an alternate facility within fifteen (15) minutes, Code 3, from the incident location. If there are no open facilities within this time frame, ALS patients shall be directed to the MAR, regardless of its diversion status (exception: Internal Disaster).

- B. Paramedic personnel may transfer care of a patient to another paramedic team if necessary. If base hospital contact has been made, the initial paramedic team shall advise the base hospital that another paramedic team has assumed responsibility for the patient.

III. Destination of Restrained Patients

- A. Restrained patients shall be transported to the most accessible basic emergency department facility within the guidelines of this policy. Allowable exceptions:
 1. Patients without a medical complaint, with a 5150 order written by a designated Department of Mental Health Team, when transport to a psychiatric facility has been arranged.
 2. A law enforcement request for transport to medical facilities other than the closest may be honored with base hospital concurrence.

IV. Transport to Hospitals that are Non 9-1-1 Receiving Facilities

- A. Patient requests for transport to hospitals that are not 9-1-1 Receiving Facilities may be honored by EMT or paramedic personnel provided:
 1. The patient's condition is considered sufficiently stable to tolerate additional transport time.
 2. The EMS provider has determined that such a transport would not unreasonably remove the unit from its primary area of response; and
 - a. The patient, family, or private physician is made aware that the requested hospital is not a 9-1-1 Receiving Facility;
 - b. The base hospital or provider agency contacts the requested

facility and ensures that the hospital has agreed to accept the patient.

- B. Other medical facilities approved on an individual basis by the EMS Agency:

9-1-1 patients may be transported to medical facilities other than hospitals (i.e., clinics, etc.) only when approved in advance by the EMS Agency.

V. Transport to Designated Service Area Facilities

- A. Patients shall be transported by EMT or paramedic personnel to hospitals with a designated service area whenever the incident location is within the hospital's defined service area (exception: diversion for Internal Disaster). In most instances, the service area hospital is also the MAR.
- B. If a patient within the defined service area meets criteria or guidelines for a specialty care center, for care not provided by the service area hospital, this patient shall be transported to the appropriate specialty care center.
- C. Patient requests for transport to a service area hospital when the incident location is outside the hospital's defined service area or inside the service area of another hospital or a hospital without a service area when the incident location is within another hospital's defined service area, may be honored by:
1. EMT personnel if it is a BLS patient, the receiving hospital is contacted and agrees to accept the patient, and the transporting unit is not unreasonably removed from its primary response area.
 2. Paramedic personnel if the base hospital is contacted and concurs that the patient's condition is sufficiently stable to permit the estimated transport time, the requested hospital agrees to accept the patient, and the transporting unit is not unreasonably removed from its primary response area. The receiving hospital may be contacted directly if the ALS unit is transporting a BLS patient.

CROSS REFERENCE:

Prehospital Care Manual:

- Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Patients**
Ref. No. 504, **Trauma Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 508, **Sexual Assault Patient Destination**
Ref. No. 508.1 **SART Center Roster**
Ref. No. 509, **Service Area Hospital**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 513 **ST-Elevation Myocardial Infarction Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 521, **Stroke Patient Destination**
Ref. No. 838, **Application of Patient Restraints**